

Creating a NICHE: Medical-Surgical Nurses Role in Successful Program Development (Poster)

Eileen Sacco MSN, RN, CNRN, ONC

Lehigh Valley Health Network, Eileen.Sacco@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Published In/Presented At

Eileen Sacco, MSN, RN, CNRN, ONC. (2011, October). *Creating A NICHE: Medical-Surgical Nurses Role in Successful Program Development*. Poster presented at: Pennsylvania Organization of Nurse Leaders Nursing Leadership Symposium, Harrisburg, PA, October 2011.

Eileen Sacco, MSN, RN, CNRN, ONC and Christine Yatsko, RN. (2011, September). *Creating a NICHE: Medical-Surgical Nurses Role in Successful Program Development*. Poster presented at: The Academy of Medical Surgical Nurses Annual Convention, Boston, MA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Creating a NICHE: Medical-Surgical Nurses Role in Successful Program Development

7B Medical-Surgical Unit Lehigh Valley Health Network, Allentown, Pennsylvania

Background:

- Medicare Innovations Collaborative (MED-IC) selects 6 health care systems to implement solutions for Medicare patients with multiple chronic illnesses
- Goals—enhance and further develop services for geriatric community
- LVHN focus—Nurses Improving Care for Healthsystem Elders (NICHE) program for inpatient geriatric services

Purpose:

- Strengthen inpatient geriatric service line
- Align network priorities with current economic climate using NICHE model
- Explore opportunities to enhance medical-surgical nurses knowledge and skill
- Improve outcomes and quality of care for specialized geriatric patient population
- Enhance collaborative multidisciplinary care across continuum

NICHE Team:

- NICHE proposal outlined objectives, vision and needs for implementation:
 - Administrative commitment
 - Training and commitment of leadership team
 - Establishing pilot unit
 - Projection of cost
- Physician champion and nursing leadership select initial leadership team:
 - Nurse administrator
 - Education specialist
 - Advanced Practice Nurse
 - Nurse Manager
 - Medical-surgical nurse
- Leadership team defines mission/vision statement:
 - To provide patient- centered, evidence-based, interdisciplinary, exemplary, and compassionate care to our geriatric patients in our acute and subacute settings throughout the health network guided by our mission to heal, comfort, and care for the people of our community, and driven by our passion for better medicine.



Current Practice Environment:

- 2008 retrospective analysis supported 49% of inpatient admissions > age 65
- 2010 Geriatric Institutional Assessment Profile of medical-surgical nurses revealed:
 - Low knowledge base
 - High attitude/concern/interest regarding care of older adult
- Medical-surgical pilot unit:
 - 18 bed medical telemetry unit
 - Primary admissions from internal medicine and family practice service line with a large older adult population.
 - 44 % medical-surgical nurses with < 2 years experience

Barriers to Implementation

- Competing network priorities
- Staff engagement
- Compensation for staff education
- Time commitment
- Leadership support
- Technical support
- Ancillary staff education
- Unit expansion

Opportunities for Medical-Surgical Nurses:

- Strengthen collaboration between physician champion and nursing leadership
- Provide continuing education opportunities for nurse licensure
- Expand knowledge and skill in geriatric-specific care
- Empower nurses to change current practice environment
- Use nurse-driven strategies to impact outcomes and quality of care
- Recognize specialty as Geriatric Resource Nurse (GRN)
- Impact future network geriatric service line initiatives

Strategies for Implementation:

- Financial support for education obtained from senior nursing leadership
- Goals and timeline for education and implementation established by leadership team
- Unit nurse champions identified by nurse manager
- Unit leadership team employed strategies to sustain motivation and support

Driving Success:

- Physician champion and nursing leadership support program funding
- April 2010 site designated as official NICHE hospital
- Organizational culture supports professional development of nursing staff
- Leadership team introduce NICHE model to staff at unit meeting
- Manager sets unit goal for 8 nurses to complete GRN training
- 13 out of 16 staff nurses successfully complete GRN modules
- Introduction to Gerontology module offered to non-nursing disciplines practicing on pilot unit
- Weekly email updates “Notes on NICHE” from unit manager chronicling successes and learning points generated by staff
- Celebration honoring unit GRNs with senior management, physician champion, and nursing leadership
- Monthly Geri Rounds case presentations facilitated by physician champion
- Certificates of completion displayed on unit

Outcomes:

- Pilot unit focuses on reducing falls utilizing NICHE concepts
- Fall reduction process:
 - 10 question pre/post test to measure nursing knowledge
 - Unit-based fall education modules with focus on NICHE concepts developed for licensed and non-licensed staff
 - Geriatric care education modules developed for non-licensed staff
 - Pilot bi-monthly geriatric rounds
- Unit staff acknowledge confidence and empowerment in geriatric specific care
- Fall rate decreased—18% reduction

Fall Rate	
Fiscal Year 2010	Fiscal Year 2011
5.2	4.0

Next Steps:

- Roll out GRN curriculum to all in-patient units caring for the older adults
- Support geriatric nurse specialty certification
- Implement evidence-based nurse driven protocols
 - Functional mobility
 - Delirium
- Consider dedicated Acute Care of the Elderly (ACE) unit
- Develop network continuing education opportunities focusing on geriatric patients